



08/319745

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

"EXPRESS MAIL" MAILING LABEL

NUMBER TB695624270XUS

DATE OF DEPOSIT 07 October 1994

RETAIN THIS NUMBER-CUSTOMER
RECEIPT WILL BE MAILED TO YOU.

TB695624270 US

Date: 07 October 1994

File No. A-60190/BIR STAN-171

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: THE COMMISSIONER OF PATENTS AND TRADEMARKS, WASHINGTON, DC 20231.

Commissioner of Patents
and Trademarks
Washington, DC 20231

TYPED NAME Lydia E. Epps

SIGNED 

Sir:

Transmitted herewith for filing is the patent application of Inventor(s):
Scott, Matthew P.; Goodrich, Lisa V. and Johnson, Ronald L.

For: PATCHED GENES AND THEIR USE

Enclosed are also:

____ Prior Art Statement
 X 1 Sheets of drawing, Formal , Informal X
____ An Assignment of the invention to:

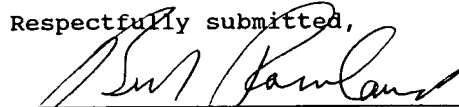
____ Cost of recording to be charged to Deposit Account No. 06-1300
(Order No. A- /)
____ Power of Attorney by Assignee & Exclusion of Inventor Under 37 CFR 1.32
 X Combined Declaration and Power of Attorney for Patent Application (unsigned)
____ Declaration for Patent Application
____ Associate Power of Attorney
____ Small Entity Status Declaration Under 37 CFR _____
 X Sequence Listing and disk

| FOR: | (Col. 1) | (Col. 2) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|--|---|----------------------|--------------|-------------------------|----|---------------------------|----------------------|
| | NO. FILED | NO. EXTRA | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | \$365 | OR | \$730 | |
| TOTAL CLAIMS | <u> 20 </u> - <u> 20 </u> = | <u> 0 </u> | x11 = | \$ <u> 0 </u> | OR | x22 = | \$ <u> </u> |
| INDEP CLAIMS | <u> 7 </u> - <u> 3 </u> = | <u> 4 </u> | x38 = | \$ <u> 152 </u> | OR | x76 = | \$ <u> </u> |
| [] MULTIPLE DEPENDENT CLAIM PRESENTED | | | +120 = | \$ <u> </u> | OR | +240 = | \$ <u> </u> |
| *If the difference in Col. 1 is less than zero, enter "0" in Col. 2. | | | TOTAL | \$ <u> 517 </u> | OR | TOTAL | \$ <u> </u> |

____ Our Check No. _____ in the amount of \$ _____ to cover the filing fee is enclosed.

____ The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A- /). Two copies of this sheet are enclosed.

Respectfully submitted,


Bertram I. Rowland, Ph.D.
Registration No. 20,015
FLEHR, HOHBACH, TEST,
ALBRITTON & HERBERT
Suite 3400, Four Embarcadero Center
San Francisco, California 94111-4187
Telephone: (415) 781-1989